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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Co	mmittee			Office Use Only
1. NAME OF COMMITTEE (in	TYPE OR PRII	•	Example: If typin over the lines.	g, type	12FE4M5	
DeFranco for C	Congress					1
	- PO Poy 103					
ADDRESS (number and	d street)					
Check if diff	ferent [
than previous reported. (A	ısly Middleton				MA L	01949
2. FEC IDENTIFIC	ATION NUMBER	CITY ▲			STATE A	ZIP CODE
C C0054725	7	3. IS THIS REPORT	× NEW	OR	AMEND (A)	STATE ▼ DISTRICT MA 06
		1				
	PORT (Choose One)	(b) 12-Day PF	RE-Election Repo	ort for the:		
(a) Quarterly Re	ports:		Primary (12P)	General (1	2G) Runoff (12R)
× April 15	Quarterly Report (Q1)		Convention (120)	Special (12	26)
July 15	Quarterly Report (Q2)	_	Convention (120)	Special (12	20)
October	15 Quarterly Report (Q3)	Election o	m m /	D D /	Y " Y " Y	in the State of
January	31 Year-End Report (YE)	(c) 30-Day PC	ST-Election Rep	port for the:		
			General (30G	ä)	Runoff (30	R) Special (30S)
Termina	tion Report (TER)	Election o	n /	D D /	Y " Y " Y	in the State of
5. Covering Period	M M / D D D 01	/ Y Y Y Y Y 2015	through	M M M 03	31	Y Y Y Y Y 2015
I certify that I have e.	xamined this Report and	to the best of my	knowledge and	belief it is tr	ue, correct and	complete.
Type or Print Name of	of Treasurer Kai Moy					
Signature of Treasure	er <u>Kai Moy</u>		[Electronically I	Filed] [Date 04	/ 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of	false, erroneous, or incomp	olete information ma	y subject the per	rson signing t	this Report to th	ne penalties of 2 U.S.C. §437g.
Office						
Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

DeFranco for Congress

01 03 31 2015 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 885.00 885.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 885.00 885.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 1117.98 2504.86 (from Line 17) (b) Total Offsets to Operating 27.50 27.50 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1090.48 2477.36 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 146.14 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 5000.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

DeFranco for Congress

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than		
	Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	885.00	885.00
	(iii) TOTAL of contributions from individuals	885.00	885.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	885.00	885.00
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	0.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	27.50	27.50
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	912.50	912.50

DETAILED SUMMARY PAGE

PAGE 4/7

FEC Form 3 (Revised 02/2003) of Disbursements

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 1117.98 2504.86 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 400.00 400.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 1517.98 2904.86 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 751.62 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 912.50 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 1664.12 25. SUBTOTAL (add Line 23 and Line 24)..... 1517.98 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 146.14 (subtract Line 26 from Line 25).....

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 5 OF 7 (check only one) X 17	
						person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMM DeFranco f	AITTEE (In Full) or Congress				
Α.	Full Name (Last, First, Middle Initial) A. Maura Flynn				Date of Disbursement	
	Mailing Address 18 Patti Lane					02 02 2015
	City Maynard		State MA	Zip Code 01754		Amount of Each Disbursement this Period
	Purpose of Disbursement Final payment, August Campaign Managing				001	1000.00 Transaction ID : SB17.5411
	Candidate Name				Category Type	
	Office Sought:	House Dist Senate President	oursement For Primary Other (s	General	71	
	State:	District:				
В.	Full Name (Last, First, Middle Initial) B. Mailing Address				Date of Disbursement	
	City State Zip Code					Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name					
					Category Type	
	Office Sought:	House Disk Senate President	oursement For Primary Other (s	General		
	State:	District:				
C.	•	First, Middle Initial)	Date of Disbursement			
	Mailing Address					M M / D D / Y Y Y
	City State Zip Code					Amount of Each Disbursement this Period
	Purpose of Disbursement					
	Candidate Name				Category Type	
	Office Sought:	House Dist Senate President	oursement For Primary Other (s	General		
_	State:	District:				
		. .				1000.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 6 OF 7 (check only one) 17		
					person for the purpose of soliciting contributions tee to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) DeFranco for Congress		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
A.	Full Name (Last, First, Middle Initial) A. Ms Marisa Ann DeFranco Esq.				Date of Disbursement		
	Mailing Address 14 North Main Street	02 19 2015					
	City Middleton	State MA	Zip Code 01949		Amount of Each Disbursement this Period		
	Purpose of Disbursement Repayment of Candidate Loan	400.00 Transaction ID : SB21.5415					
	Candidate Name			Category, Type			
	Office Sought: House Senate President State: MA District: 06	oursement For Primary Other (s	General				
	Full Name (Last, First, Middle Initial)						
В.	Mailing Address				Date of Disbursement		
	City						
		Amount of Each Disbursement this Period					
	Purpose of Disbursement	rrsement			7 ,		
	Candidate Name			Category, Type			
	Senate President	oursement For Primary Other (s	General				
_	State: District: Full Name (Last, First, Middle Initial)						
C.	C. Mailing Address				Date of Disbursement		
					M M / D D / Y Y Y		
	City	Amount of Each Disbursement this Period					
	Purpose of Disbursement						
Candidate Name			Category, Type				
	Office Sought: House Dist Senate President	Oursement For Primary Other (s	General				
_	State: District:		. ,,				
5	SUBTOTAL of Disbursements This Page (optic	onal)			400.00		

TOTAL This Period (last page this line number only).....

400.00

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

	il
X	13a
	13h

Detailed Summary Page Transaction ID: SC/10.5292 NAME OF COMMITTEE (In Full) DeFranco for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Ms Marisa Ann DeFranco Esq. General Mailing Address Other (specify) 14 North Main Street City State ZIP Code MA 01949 Middleton Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M 09 ž014 5.00 11/30/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) 5000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.